

Arizona Department of Health Services  
Division of Behavioral Health Services

AHCCCS Application Referral Turn Around Document (TAD)

This section to be completed by the RBHA Designee

Applicant Name	Social Security #
Referring RBHA <i>Check one of the below:</i> <input type="checkbox"/> CPSA <input type="checkbox"/> NARBHA <input type="checkbox"/> PGBHA <input type="checkbox"/> EXCEL <input type="checkbox"/> Navajo <input type="checkbox"/> ValueOptions <input type="checkbox"/> Gila River <input type="checkbox"/> Pasua Yaqui	Date the application was sent _____
RBHA Designee Name	RBHA Designee Telephone #
RBHA Designee Organization and Address	RBHA Designee Fax #

Report of AHCCCS Eligibility Determination

This section to be completed by DES

Date application was received	Date TAD was sent to Outreach Worker
EI	Telephone
	Fax
Eligibility Determination <input type="checkbox"/> Approved <i>Effective date</i> _____ <input type="checkbox"/> Denied <i>Reason for denial</i> _____ <input type="checkbox"/> Pending	
Comments	

*This form will enable the Department of Economic Security (DES) staff to provide information to the RBHA designee regarding the status of the AHCCCS application.*

Form: ADHS AE-06

9/6/01